CREDIT CARD PAYMENT FORM

For your convenience, we offer you the option to make your payment by credit card. However, regular credit card rules will apply.

We accept all major credit cards.

Please fill in all the information below and return this form along with your bill to:
Social Security Administration
Office of Finance
P.O. Box 17042
Baltimore, Maryland 21235-7042

Requestor's Name: *(Please Print)*	Credit Card Holder's Name:
This payment is for: *(Please Print)*	Credit Card Holder's Address: *(Number, Street, City, State and Zip Code)*
Daytime Telephone Number: _____ _____ Area Code Telephone Number	☐ MasterCard ☐ Visa ☐ American Express ☐ Discover (Please Check One)
Social Security Number (SSN) or Employer Identification (EIN):	Credit Card Number: _____ - _____ - _____ - _____
Amount Charged: $_____	Credit Card Expiration Date: _____ _____ Month Year
Credit Card Holder's Signature:	

DO NOT WRITE IN THIS SPACE OFFICE USE ONLY ⟶	Authorization	
	Name	Date

Paperwork/Privacy Act Notice

The Social Security Administration (SSA) has the authority to collect the information requested on this form under section 204 of the Social Security Act. Giving us this information is voluntary. You do not have to do it. We will need this information only if you choose to make payment by credit card. You do not need to fill out this form if you choose another means of payment (for example, by check or money order).

If you choose the credit card payment option, we will provide the information you give us to the banks handling your credit card account and SSA's account. We may also provide this information to another person or government agency to comply with federal laws requiring the release of information from our records. You can find these and other routine uses of this information provided to SSA listed in the Federal Register. If you want more information about this you may call or write any Social Security Office.

This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 5 minutes to read the instructions, gather the necessary facts, and answer the questions.